REMARKS

I. Status of Claims

Claims 1-20 are pending. Claims 1, 8 and 15 are independent.

Claims 1-5, 7-12 and 14 are rejected under 35 U.S.C. § 102(b) as being anticipated by U.S. Patent No. 5,867,821 to Ballantyne et al (hereinafter "Ballantyne et al"). Claims 6 and 13 are rejected under 35 U.S.C. § 103(a) as being obvious over Ballantyne et al in view of U.S. Patent No. 6,283,761 to Joao (hereinafter "Joao"). Claims 15-20 are rejected under 35 U.S.C. § 103(a) as being obvious over Ballantyne et al and Joao in view of U.S. Patent No. 5,319,355 to Russek (hereinafter "Russek").

By the present amendment, the independent claims 1, 8 and 15 and dependent claims 2 and 4 have been amended to more clearly recite aspects of the present invention. Claim 13 has been amended to correct a typographical error. Applicants have carefully reviewed the rejections, and respectfully request reconsideration in view of the above amendments and the following remarks.

II. Rejections Under 35 U.S.C. § 102(b) and § 103(a)

Claims 1 and 2 have been amended to recite aspects of the invention relating to patient or client self-education, self-monitoring and self-management. Support for these amendments is provided in paragraphs [0025], [0026], [0044], [0070], [0071], [0073], [0091], [0092], [0099], [0106], [0107], [0117] and [0118] of the present application. By contrast, the patient care station (PCS) in Fig. 6 of Ballantyne et al merely allows for users to select and receive educational or entertainment video information (see column 5, lines 43-51; column 9, lines 32-40; Figs. 10C and 10D), for security video monitoring (see column 5, lines 52-67), and for remote patient monitoring (see column 11, lines 12-26). For example, column 11, lines 12-26 of Ballantyne et al state that the PCS can receive patient rehabilitation

information, dietary and nutrition instructional data and interface with healthcare monitoring equipment to track pulse rate, among other data.

Nothing in Ballantyne et al, however, discloses or suggests the self-management tools and assessment tools as claimed in claim 1 for facilitating integration of a treatment program into a patient's lifestyle. The system in Ballantyne et al does not monitor a patient's questions or responses to questions concerning health or treatment, nor use such information to determine progress on a treatment program and whether information needs to be conveyed to the patient regarding the treatment program.

Joao discloses a system that can provide treatment plans (see column 24, lines 12-20), ensure that a treatment is performed as prescribed (see column 5, lines 20-27 and column 9, lines 42-45), and has a database that contains such patient information as lifestyle information, along with medical history (see column 16, lines 41-65). Nothing in Joao, however, discloses or suggests the self-management tools and assessment tools as claimed in claim 1 for facilitating integration of a treatment program into a patient's lifestyle. The system in Joao does not monitor a patient's questions or responses to questions concerning health or treatment, nor use such information to determine progress on a treatment program and whether information needs to be conveyed to the patient regarding the treatment program.

Russek teaches a medical alarm system and was relied on merely for its disclosure of assigning hospital staff to patients. Russek also does not disclose or suggest the self-management tools and assessment tools as claimed in claim 1 for facilitating integration of a treatment program into a patient's lifestyle.

Claim 8 has been amended to recite aspects of the present invention relating to aggregating patient health-related data, clinical data and economic data with information comprising population outcomes and generic standards of care, and determining from the aggregated data recommendations for improving the treatment programs. Support for these amendments is provided in paragraphs [0078] - [0080], [0083], and [0093] and in Fig. 4B (block 1440) and Fig. 9A of the present application. In the Office Action, Joao is relied on for purportedly teaching the invention as recited in dependent claim 13, that is, for receiving

financial data pertaining to the treatment programs from organizations financing at least a portion of the treatment programs, among other recitations. Column 37, lines 35-47 and column 38, lines 1-8 of Joao describe a system for administering financial accounts and managing financial transactions for patients, payers, intermediaries and so on. Fig. 13 of Joao describes processing claims. Joao, however, is silent regarding using financial or economic data in aggregation with patient health-related data, clinical data and information comprising population outcomes and generic standards of care, and determining from the aggregated data recommendations for improving the treatment programs.

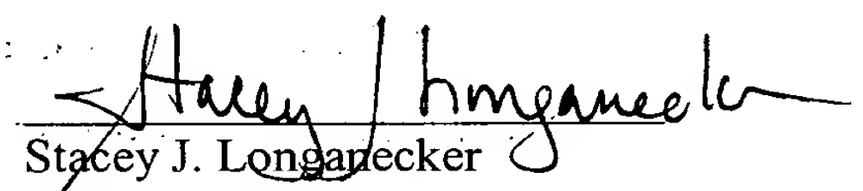
Claim 15 has been amended to recite, among other limitations, establishing treatment programs for respective patients wherein agreement from a respective patient to participate in a treatment program and approval from a payer is obtained, and a healthcare manager provides a plan of care based on assessment of the patient's medical, psychosocial and environmental conditions and an interview with the patient that is used in the establishment of the treatment program for the patient. Support for these amendments is provided in paragraphs [0054] – [0057], [0060] and [0061] and in Fig. 4A (block 1220). The applied references in the Office Action do not disclose or suggest such an enrollment process for establishing a treatment program.

III. Conclusion

Accordingly, withdrawal of 35 U.S.C. §§ 102(b) and 103(a) bases for rejecting the claims 1-20 is respectfully requested.

In view of the above, it is believed that the application is in condition for allowance and notice to this effect is respectfully requested. Should the Examiner have any questions, the Examiner is invited to contact the undersigned at the telephone number indicated below.

Respectfully submitted,



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